Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 a.m., Thursday, July 8, 2010

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, July 8, 2010, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Chair, Richard Leclerc, Sandra DelSesto, Mark Fields, James Gillen, Chaz Gross, Karen Kanatzar, Reed Cosper, Anne Mulready, Peter Mendoza, Linda Bryan and Darlene Price

Ex-Officio Members Present: Denise Achin, Department of Education (DOE); Frank Pace, Department of Children, Youth and Families (DCYF); Colleen Polselli, Department of Health (DOH); Sharon Kiernan, Department of Human Services (DHS); Craig Stenning, Behavioral Health Developmental Disabilities and Hospitals (BHDDH)

Guests: Stephanie Gueller, RI Kids Count; Ian Long, The Providence Center, Sharon Jablonski, Providence Center; Kathryn Grygiel, ATAP Program Director; Valentina Laprade, Children's Friend and Service of RI; Richard Antonelli, Mental Health Association of RI

BHDDH Staff: Charles Williams, Corinna Roy and Connie Cirelli

1. Review Minutes

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:10 a.m. After introductions were conducted, Richard Leclerc asked if there were any comments on the minutes of June 8. A motion made to accept the minutes, seconded by James Gillen. Richard Leclerc called for a vote to approve the minutes, all were in favor and the amended minutes were approved.

2. Subcommittee Reports:

Transitional Youth……..…Denise Achin

Denise Achin said that on 6/25 they had a presentation by Adrianna Good from the Department of Labor and Training on youth programs, including A Shared Vision, which had just ended a pilot and had generated a lot of discussion about how people can become involved statewide. An interim meeting is scheduled for July 21st here at 12 Noon to 2:00 p.m. at which the consultants who will oversee the Shared New Vision Program will be present. The next regularly scheduled meeting is on September 10 in this room from 1:00-3:00 p.m. We are looking to have presentations on health care and possible medical home models from the Department of Health.

Mental Health Block Grant Subcommittee Report:……..Richard Leclerc

Richard Leclerc reported that the subcommittee is scheduled to meet on July 20 at 3:00 p.m. and there are approximately six people who have expressed interest in joining this committee and if any others would like to join that committee they may do so. The committee will meet once or twice to go over the previous year's unmet needs were as identified in the previous year's block grant, what we've achieved and what we want to incorporate in next year's block grant which needs to be submitted to the Federal government by the end of August. Because of the timing and lack of a Governor's Council meeting in August the Block Grant usually gets submitted without full council approval. It will be made available for viewing on the Federal website prior to submission. Being part of the committee is a chance to be in on the ground floor if there are any items you would like to have considered for insertion in the block grant. The block grant funding for next year is approximately $1.4 million.

<u>Recovery-Oriented System of Care Committee Report</u> ……. Sandra DelSesto, Chaz Gross, Ian Knowles

Peter Mendoza asked if the recovery committee was planning to recruit from the minority community. Sandra DelSesto replied that they did not specify special populations but anyone who has recommendations can submit them for consideration. She said that on October 4 they will be having a forum at Rhode Island College. She asked Peter Mendoza if he would be on the planning committee for this forum. She said that the forum would be on minorities and addiction recovery at the college and from that the group would present some recommendations that could be included in this report.

Sandra said that she received a comment from someone at the Department of Health about persons with HIV and Hepatitis-C who are also in recovery as they have complicated issues around recovery and may develop a section about the recovery needs of specific groups.

Richard Leclerc said that he would make sure the minutes reflected comments about targeting some of the interventions with the minority community. Leclerc asked if there were any other questions or comments. Linda Bryan commented that representatives of the DD Council may be a good resource for people developing interventions for the DD community. She also reported that there is a new committee called Across Disabilities which represents a broad spectrum of disabilities and this group may also be a good resource and suggested that they be invited to speak at a Governor's Council meeting. Corinna asked for a name and contact for this group.

Leclerc stated that if the report is accepted, implementing its provisions is the responsibility of the Division of Behavioral Healthcare. He said that the group would get status/progress reports periodically. Richard Leclerc asked for a motion to accept the report. Motion was made after which Reed Cosper stated that there does not seem to be a lot of enthusiasm for accepting the report and that this should be noted. He also said that when the Council is planning something like this what they are really talking about is exceptionally scarce public sector resources and that if they are planning for their allocation you have to look at the fundamental responsibility of the public sector which is public safety and the duty to allocate resources to the most impaired people and the most needy people. He continued that this recovery oriented system of care stuff comes out of Washington jargon and trickles down to the states and it sort of ignores the public sector's fundamental duties and obligations. In a sense this kind of a program is for the people who recognize they have needs and want to cooperate and that this is the easy population to serve and if the resources go there they are not going to the people who need them most. He said his reluctance to vote for this is that he feels it is oblivious to real public policy mandates and the real limitations of resources and seems to ignore the fact that we are living in a world where the most impaired people are living in dumpsters.

Sandra DelSesto responded that moving a system to a recovery oriented system of care is a philosophical difference where the goal is recovery. She stated that they spent a fair amount of time at the committee level discussing a definition which you won't see here because they had such difficulty with it but it is focused on recovery rather than a focus on a particular silo of services and a way of orienting all of us. She continued that what this is intended to do is to operationalize a philosophical concept. And that most of what is in there doesn't cost money; it

changes the regulations, it organizes the recovery community to be advocates for what we do and it is intended to help shift the thinking so that there is a focus on recovery. More a re-orientation of how we do our work than a re-allocation of funds. Chaz Gross commented that he made the same argument at committee meetings but he agreed that much of this is change in attitude and orientation and that the task they were given was to make general recommendations. Jim Gillen commented that many people go to treatment or jail and as they exit are wished good luck but that there is no follow up and it is needed for people if recovery is to be successful. Reed Cosper recounted the case of a 35 year old woman who is suffering from severe paranoia and that he has been observing this person's second go around in the system since March and what is currently in place is not doing anything to protect this woman from her illness. He said this case was not about peer support, not about recovery systems of care but it is about intervention. He said that he needs to know that there is a system of care that addresses that type of situation. He said that he feels resources need to go to the most in need first.

Sandra responded that this is a case in point and that whenever this person leaves her treatment program there should be a plan in place for her and recovery for her which may be totally different from someone else. She asked what the treatment plan was for this woman and if she had completed it. Reed said that this person was discharged not because she had completed the treatment plan but because of a lack of funds. He said that the issue is about coercion and at the base is coercion is an effective mental health method for the most impaired. Linda Bryan replied that she understood what Reed was saying but that as the expression says, "you can lead a horse to water but you can't make them drink", and that there is a process that you must go through for the individual to want to get better. She said she feels if it is person centered there will be more success. Ann Mulready said this is a much more helpful way to view mental illness and treatment and that the way it is presented makes it much less stigmatizing. Richard Antonelli asked if this implied that the people who delivered the services are on board with this or does there need to be a change in thinking on the part of service providers. Richard Leclerc replied that some service providers are on board with this but not everybody is there yet, and more education has to be provided and some of the steps outlined will help to get us there. Richard Antonelli followed up by asking if there needed to be a training component. Leclerc said it was more than an intellectual exercise but actually a systemic exercise within each organization and between organizations. Mr. Antonelli asked if service providers had been sitting in on these meetings. Sandra DelSesto replied that not only people who are service providers but people who are in recovery from mental illness have been included and that part of this report is organizing people who are in recovery so that they can become advocates. She also said that if you are a front line provider the plan for your client is a recovery plan so it does not end when the money ends or a certain period of time passes. You provide people with the support they need to continue on and that the relapse rate across the country is huge and how do we retain people so that they have a better quality of life when they leave formal treatment. She also said it is not about putting money someplace it is about expanding thinking. Jim Gillen spoke about the ATR grant which he said was helpful and that he'd had some people who came to him for recovery coaching and long after the grant ended there is still some communication via phone with them.

Richard Leclerc asked if there were any other questions. There were no other questions, motion was made and seconded. Vote taken and the report was approved.

3. **Faith Infused Recovery Efforts (FIRE) – Breaking the Silence**
   Michelle McKenzie was not present. This topic was not discussed

4. **Health care for parents who lose physical custody of their children while in TX and early recovery……..……...….Sandra DelSesto**
   Richard Leclerc reported that the council approved at its June meeting the sending of a letter to various individuals including Gary Alexander to ask for consideration of a plan and funding for individuals who by loosing custody of their children loose healthcare insurance. He said that he was in the process of sending that out when he had a conversation with Deb Florio who informed him that there had been an agreement between DHS and DCYF and the Office of the Secretariat to move forward with this, it has been approved and they are in the process of changing the codes. He said that for this reason he saw no purpose in sending the letter. Sharon Kernan replied that at the May meeting this had come up and when she went back to DHS she found that there had already been a plan to address this between DHS and DCYF. Subsequent to that a meeting was held and in preparation for the Council's meeting and she asked Deb Florio what the status was. Deb Florio informed her that there had been an agreement and Sharon said she thought the funding was coming from DHS and that DCYF will be responsible for determining the length of time that the parent who had lost custody would be allowed to stay on the insurance. There will be a time limit and DCYF will make a determination of that when a parent looses custody and that there is system work to implement this but that it is moving forward. She said it was a question of identifying the funding and determining who was going to implement it. She said she could get further information for the September meeting if needed. The question of whether there would be regulations was asked and if so would there be notification. Sharon replied that as far as she knew there would not be regulations as they already have authority to do this under the global waiver and the CNOM provisions. At this point it is just a process of internal agreement a process for the appropriate notification to come forth and perhaps this would be a new eligibility group and if this was the case HP, formerly EDS, would have to be involved. She said that DHS would be happy to report in more detail at the next meeting in order to keep everyone informed.

   Sandra DelSesto added that this was an initiative of the Women and Addiction Recovery Task Force of the Institute for Addiction Recovery at Rhode Island College and presently on that committee there are at least 25 different organizations and all the relevant state agencies at the table. She said this is an old issue and conversation on it began, as far as we know, in 1988 and it almost came to fruition in 1998. It was very close but did not happen and as such my request would be that this item stays on the agenda so that this time it does not get lost again.

   Sandra told the group that last week the two co-chairs of that committee and she met with Gary Alexander, Craig Stenning, Patricia Martinez and we were assured that this would go forth. However, Craig Stenning was at the table and he was concerned about the lack of involvement of BHDDH in the determination of length of time health care will be in effect. At this time they are saying three months of health care and then a reassessment at three months and since most of the individuals involved are on medication for mental illness and possibly other types of medications that BHDDH needs to be involved in that evaluation. She said that as far as she knows, it has not been determined how BHDDH will be involved in that assessment and that it is very important that the department be included. She said there was a change in the regulations in 1988 regarding the definition of family to include fathers as well. She reported that the committee has studies from four states showing the reduction in cost for every $100,000 spent there was a cost savings of $487,000. In healthcare costs, $700,000 for crime related costs avoided, reduction of $318 in monthly medical, $48 in state hospital,

arrest rate down 16% and felony convictions down 34% this was solely with the provision of healthcare.

Richard Leclerc thanked Sandra for the report and all of the hard work that the committee had done on this issue. She asked that it remain on the agenda and chairperson Leclerc replied that it could stay on as a status report in September.

5. **Mental Health Block Grant Conference……Corinna Roy, Chaz Gross, Frank Pace**
Corinna said that as Rich pointed out there was some discussion of the block grants being eliminated due to the new health care insurance but in fact, what they were emphasizing is that they were going to change the way that the block grants operated and have them more directed at specific types of projects and programs and not necessarily eliminated and they are fighting to keep the block grants as it is their own jobs as well. They are looking at innovative practices and other special projects. Traditionally the block grant has been used very flexibly to allow our providers to use it for uninsured patients and in a very flexible way. The block grants in the future will be much more directed and there will be more reporting requirements. They are going to try to standardize them and make them more consistent with the discretionary grants where we do some online reporting. There was a lot of talk about the health care laws and how they are going to be slowly implemented. They were very optimistic as to how this would benefit clients with mental health issues and even substance abuse issues, really enforcing more of the parity laws and making people with substance abuse issues eligible for Medicaid. She asked Chaz Gross and Frank Pace if they wanted to add anything. Frank Pace said that there could be a shift in the discretionary funds to possibly prevention such as Juvenile Justice Correction, Adult Correction, and trauma-informed care. He shared how DCYF is trying to prevent or divert child welfare. There was a lot of emphasis on providing physical health, behavioral health and recovery, and that Medicaid is becoming the number one funder of behavioral health services and they project that trend to continue with the state match becoming a critical factor.

Chaz Gross said it was exhilarating to hear that we are working on some of the same things such as trauma-informed care and working with military families. Many of the workshops he attended were about optimizing consumer involvement; with many consumer groups saying the reason we need to continue the block grant funding is that it is great if everyone has coverage but a lot of these organizations that offer self directed consumer care is actually paid out of this block grant. There was talk about consumer roles in treatment, administration, oversight of policy and funding and just having an independent consumer voice. There was a proposal that 25% of block grant money for each state be set aside for coordination of consumer and family involvement in the system. There was a lot of anxiety about the changes. It was interesting to hear about the client level projects, the challenges with all these different data systems and discrete ways that different organizations have of doing treatment and how do you get all of this into one data set. He said that there were a lot of measures and benchmarks that will have to be met along the way; however the new director of CMHS was there and seemed enthusiastic about these things.

Corinna said that the number of anticipated uninsured that would remain at the end of implementation was still around 23 million. Which is a significant number and enough to warrant keeping the block grant around. She said that it was asked who these people were as there is supposed to be more universal coverage and they didn't have the answer to that question. They said that some people would be able to get waivers to be uninsured due to financial hardship and some may be illegal immigrants.

Richard Leclerc said that overshadowing this is that SAMHSA is due for reauthorization next year. The trouble is going to be making a case next year if SAMHSA is not reauthorized as to how to increase and sustain funding for an agency that has not been reauthorized in a political climate that is changing every day. Rich said that we can make the case and advocate and do our job on our end but there is a whole shifting element out there that we can't control. He then thanked Corinna, Chaz and Frank for the good report they provided and for attending the conference.

6. **Updates from BHDDH:……...…...Charles Williams**
Charles Williams offered a follow-up to the block grant discussion, a couple of weeks ago, SAMHSA announced that they are having an executive exchange, the director for the Center for Mental Health Services is going to be on a temporary assignment as Director for the Center for Substance Abuse Prevention and the Director for CSAP will be on assignment as the Director for Mental Health Services. They will both keep their old respective portfolios in addition to working in their new centers. He said that under the new administrator they are looking at this as a way of cross fertilizing and it is consistent with SAMHSA's current focus on mental health promotion in addition to substance abuse prevention. In answer to a question he said that this exchange would be for a six month period.

Charles said that there had been a vacancy in the housing position with the retirement of Paul Grenon and that BHDDH has extended an offer to Christine Botts. Paul had worked with the DD group homes as well as the CMHOs on housing related issues. Christine will start on July 18 and because of her background we are looking into the possibility of her becoming more engaged in supportive employment programming.

On September 11, the RI is having the largest recovery event ever for us. It will be at a Waterfire at Roger Williams Memorial State Park. Jim Gillen reported that if you go to www.recoverymonth.gov you can get information on the event and many of the people at this meeting are on the list and will be receiving information mailed directly to you. We have a lot of partnerships including the National Guard which has taken on a major role at the recovery event this year. Jim stressed that this is a family event and to encourage people to attend as it is Rhode Island's rally for recovery event and brings together all ethnic groups and all different treatment populations. He thanked Connie Cirelli for her hard work in keeping everything organized. He said if someone wanted to donate to the cause it could be done through Dana through RI CARES. He also said this event would have its own website soon called www.rally4recovery.com and would have links to all the different partners.

Charles said that the Governor has signed the name change bill so we are officially the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. He noted that the department is in the process of making all the changes needed to incorporate the new name. He said the department is planning on having a ceremony to acknowledge all the hard work that went into this and the years of looking at how we get rid of the "r" word as part of the department name. He was asked what the new acronym was and replied that it was BHDDH and that the new web address would be www.bhddh.ri.gov.

Charles also reported that the department has been informed by the Center for Mental Health Services and FEMA that a crisis counseling grant that we applied for post-flood was approved and we would be awarded approximately $2.3 million dollars. He said that they had not received the paperwork yet

so he does not know what is different in the budget that was submitted for $2.9 million and what is being received but will keep the group updated on this grant.

He also said that the department is continuing to work very hard on the 2011 budget initiatives as well as the CNOM process which for the provider community will be a web based eligibility system for individuals to be part of what is called the BHDDH-CNOM. He said it is up and running and is covering at this point in time residential substance abuse, outpatient substance abuse, outpatient mental health, CSP mental health and CMAP. He said that methadone will be coming at a later date. Also on the 2011 budget initiatives and the safety net initiative, Craig Stenning and Steve Dean have been meeting with the various mental health centers as to how it will be approached and it appears that everyone is on board with how we are going to approach that. This will be worked through with HP doing some upgrades in the MMIS. Early work has been done on a DD CNOM and we have had a preliminary meeting with HP and DHS and that will be moving along. We have been working since February on a DD system reform initiative and have retained the services of a consultant, Burns and Associates, who will be working with us, our providers and the staff at social services. Our goal is for our rates and services to be much more transparent, fair, easily understood and will probably have some interim rates in place by the first of the calendar year which will give us a much clearer idea as to what each individual within the DD system is paying for in terms of the services and supports that they desire.

Charles Williams asked if there were any questions. He was asked if the web based system was for providers to use. He answered that yes, providers will use it to enter individuals who are presumed eligible for the CNOM. He was asked if there was any update on the Prevention Block Grant. He said that he anticipated the RFP would be at purchases by the middle of the month with August 1st as the posting date for it. Turn around time has not been determined but it should be a little more than one month with anticipated awards in September or the first part of October. He said that for those Council members who did not know, there were a number of contracts or agencies funded under the primary prevention set-aside of the Substance Abuse Prevention Treatment Block Grant and those contracts were for three base years plus two optional years with this year being the last of the two optional years so we will have to procure new prevention services under the block grant.

Rich Leclerc said that as Charles referenced in his report, BHDDH, Division of Behavioral Healthcare had to implement a 4.4 million dollar decrease in revenue that the general assembly approved and governor signed into the budget and that money is being allocated slightly differently towards each provider organization but essentially the RIACT rate is being decreased 15% and there are cuts in psych rehab and there is no funding for MDTP (multi-disciplinary treatment plans) in terms of a source of revenue. The provider community is looking at how they can start implementing the 4.4 million dollar decrease like a magician to have it not affect services. Those meetings were held over the last few weeks and there will be more discussion on that in the future. Reed Cosper asked Rich to elaborate on non-funding of MDTP. Rich said that a code was put in place approximately 15 years ago that allowed providers to bill for multi-disciplinary treatment plans. He said that treatment plans still need to be put in place but they are no longer reimbursable. Reed Cosper said that his problem with this is that every client within the system has a statutory right to a multi-disciplinary treatment plan and not funding it seems odd. He said that there is almost nothing that has statutory mandate but this one does and it is not being funded and that he thought the decision not to fund it could be litigated. Charles Williams replied that when this was looked at, there was a lot of use of the CPST code but this one was not a heavily used code and it seemed that it would have the least impact on the system.

7. **Updates from DHS……..…Sharon Kiernan**
   Sharon said that re-procurement for DHS's managed care plans is moving forward. Also, the responses to their LOI are due July 16. Afterwards a period of intense review will be had and they anticipate awarding contracts on September 1.

8. **<u>Updates from DCYF</u>: ..... ……..…Frank Pace**
   Director Martinez has sent out invitations for the state-wide Family Care? Community Advisory Board
   CANT UNDERSTAND HIM ON THE TAPE HIS I WILL GIVE YOU HIS NOTES.

. **Next Meeting: Tuesday, September 14 at 1:00 P.M., Room 126.…..……..……..Richard Leclerc**

Upon motion made and seconded, the meeting adjourned at 10:30 A.M.